



2010

Massachusetts

Department of

Revenue

Form BCTC

Brownfields Credit Transfer Certificate

For calendar year 2010 or taxable year beginning

and ending

Name of transferee/purchaser/assignee

Federal Identification or Social Security number

Street address

City/Town

State

Zip

Name of transferor

Federal Identification or Social Security number

Street address

City/Town

State

Zip

Address of property to which Brownfields credit relates

City/Town

State

Zip

Certificate number issued by DOR

Certificate expiration date

1 Amount of Brownfields credit transferred. 1

Tax Return Filing

A transferee, purchaser or assignee receiving this Brownfields Credit Transfer Certificate must enter the certificate number on the appropriate line of its Massachusetts tax return if using any part of the credit in line 1 on its return.

Department of Revenue Filing

All credit information should be mailed to: **Massachusetts Department, Audit Division, 200 Arlington Street, Room 4300, Chelsea, MA 02150, attn: Brownfields Unit.**